



2012 Co-Rec Youth Soccer Leagues

Join a co-rec soccer league where everyone plays and receives a team shirt. Teams are organized by age and school districts. The season is six to eight weeks, beginning Sept. 8. Practice during the season will be held on weeknights based on the availability of the coach.

Who: Girls and Boys in the following age divisions:		
Course #	Division	Grade
(New) 39667	Ankle Bitters	Pre-kindergarten (4 years old)
39632	Tiny Kicks	Kindergarten - 1st grade
39633	Pee Wees	2nd-3rd grade
39634	Bantams	4th-5th grade
39635	Midgets	6th, 7th & 8th grade

Games: Saturdays (Ankle Bitters, Tiny Kicks, Pee Wees)
Saturdays and possible weeknights (Bantams, Midgets)

Note: If your child attends a private school list the nearest public school.

Registration **Aug. 10.** All registrants, including 2011 participants, will be required to register by Aug. 10. Participants will be contacted by a volunteer coach regarding team practices and other team information.

Residents: \$56, Ankle Bitters, Tiny Kicks, Pee Wees; \$58, Bantams, Midgets. Fees include soccer shirt.

Non-Residents: \$66, Ankle Bitters, Tiny Kicks, Pee Wees; \$68, Bantams, Midgets. Fees include soccer shirt.

When: Practices may begin in late August. League play begins Sept. 8.

Where: League games will be scheduled at Mark Twain School Athletic Park, Broome Athletic Park

Rockville

Recreation Fund: Financial assistance available with registration. Call 240-314-8620 for more information and registration procedures.

Inclusion: Individuals with disabilities are encourage to register and take part in Rockville recreation programs. To adequately plan for a successful and rewarding experience, call 240-314-8620 two weeks prior to the activity start date.



2012 REGISTRATION FORM — CO-REC YOUTH SOCCER

ONE FORM PER FAMILY OR ADDRESS
*REQUIRED INFORMATION

*FAMILY INFORMATION:

Last Name	First Name	Work Phone	M/F	*Emergency Contact & Phone (other than parent)
_____	_____	_____	_____	_____
* (main contact)				
_____	_____	_____	_____	_____
(second contact)				
*Address: _____				
Street		City	State & Zip	
e-mail address: _____ (main contact) *Home Phone: _____				

PARTICIPANT INFORMATION:

Last Name	First Name	D.O.B.	School Attending	Grade	M/F	Course Number	Fee
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Your 2011 Coach/or Team Name: _____

(VISA/MasterCard only) Credit Card # _____ Exp. Date _____

Card Holder: Name _____ Signature _____

Would parent(s) be interested in volunteer coaching or assisting? ☐ Yes ☐ No

PLEASE CONSIDER COACHING A TEAM! Coaches receive training and will be certified by the National Youth Sports Coaches Association. Certified coaches are eligible for insurance and other great benefits. For more information, call 240-314-8620. **MAKE CHECKS PAYABLE TO: CITY OF ROCKVILLE AND MAIL TO: Youth Soccer, Rockville City Hall, 111 Maryland Avenue, Rockville, MD 20850 — OR FAX: 240-314-8659**

